



# Application for Membership

## Step 1 - Contact Information

**Instructions:** >

Print and complete in full.

Mail to the above address with a check for \$15 made payable to The Michigan Montessori Society.

**Please note:** >

The Michigan Montessori Society will be providing most communication in electronic format. Your email address is essential. Email is used for MMS newsletters and other MMS communications **only**.

Name

Address

City

State

Zip Code

Email Address

Telephone Number

Business Telephone Number

**Please check** if you do not want us to publish your home address, phone number, and email address in the MMS directory.

## Step 2 - Personal Information

Please check the appropriate box(es). >

**I am currently a/an:**

- Montessori Director/ess**
  - Administrator**
  - Assistant**
  - Intern**
  - Parent**
  -
- Other

**I am currently working with:**

- Infant - 6 weeks to 18 months**
- Toddler - 18 months to 3 years**
- Primary/Preschool - 3 to 6 years**
- Lower Elementary - 6 to 9 years**
- Upper Elementary - 9 to 12 years**
- Middle school - 12 to 15 years**
- High school - 15 to 18 years**

**I am associated with the below school:**

Name of school

Address

City

State

Zip Code

**I would like MMS to address the below topics/speakers in future workshops:**

I would be willing to serve on the MMS Board of Directors.